

PART B - FEE(S) TRANSMITTAL

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35411 7590 07/15/2008
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Virginia J. Byers	(Depositor's name)
<i>Virginia J. Byers</i>	(Signature)
10-9-08	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/808.228	03/24/2004	David M. Cox	5010-102	4996

TITLE OF INVENTION: MICROFLUIDIC DEVICE INCLUDING DISPLACEABLE MATERIAL TRAP, AND SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0/10/2008	\$1740	10/15/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS		01 FC:1501	1510.00 DA	
HOPKINS, ROBERT A	1797	422-100000		02 FC:1504	300.00 DA	
				03 FC:0001	15.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		2. For printing on the patent front page, list <input type="checkbox"/> the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.						

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

APPLIED BIOSYSTEMS INC.

FOSTER CITY, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 5

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card, Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2213 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

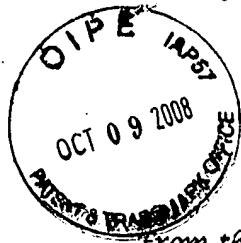
Date 10-09-08

Typed or printed name Leonard D. Bowersox

Registration No. 33,226

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DATE: October 9, 2008

TO: Mail Stop Issue Fee
 Commissioner for Patents
 P.O. Box 1450
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EXAMINER: Robert A. HOPKINS, Group Art Unit 1797

RE: U.S. Patent Application No. 10/808,228
 For: Microfluidic Device Including Displaceable Material Trap,
 and System
 Our Ref.: 5010-102

FROM: Leonard D. Bowersox

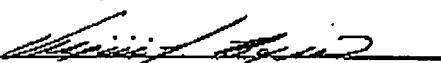
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NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 2

Papers Filed Herewith: Issue Fee Transmittal Form 1 Page

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Virginia J. Byers
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 Signature

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